

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TERMINAL DISCLAIMER TO OBVIAE A PROVISIONAL DOUBLE PATENTING
REJECTION OVER A "PRIOR" PATENT**

Docket Number (Optional)
OE-040013US/82410-0027

In re Application of: Scott C. ANDERSON, et. al.

Application No.: 09/507,336

Filed: February 18, 2000

For: Apparatus and Method for Ablating Tissue

The owner*, **St. Jude Medical, Atrial Fibrillation Division, Inc.**, of 100 percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application which would extend beyond the expiration date of the full statutory term of **prior patent nos. 6,805,129 and 6,645,202** as the terms of said prior patents is defined in 35 U.S.C. 154 and 173, and as the terms of said **prior patents** are presently shortened by any terminal disclaimers. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the **prior patents** are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the **prior patents**, "as the term of said **prior patents** are presently shortened by any terminal disclaimers," in the event that any said **prior patent** later:

- expires for failure to pay a maintenance fee;
- is held unenforceable;
- is found invalid by a court of competent jurisdiction;
- is statutorily disclaimed in whole or terminally disclaimer under 37 CFR 1.321;
- has all claims canceled by a reexamination certificate;
- is reissued; or
- is in any manner terminated prior to the expiration of its statutory term as shortened by any terminal disclaimer filed prior to its grant.

Check either 1 or 2 below, if appropriate.

1. For submissions on behalf of a business/organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the business/organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. The undersigned is an attorney or agent of record. Reg. No. 48,058

Signature

March 23, 2007

Date

Andrew P. Zager

ECD/DB/CDS/ INTAKE 08080126 09587336

Typed or printed name RTB1814

130.00 OP

(202) 719-4255
Telephone Number

- Terminal disclaimer fee under 37 CFR 1.20(d) is included.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

*Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner).

Form PTO/SB/96 may be used for making this statement. See MPEP § 324.

This collection of information is required by 37 CFR 1.321. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

APRIL 04, 2006

PTAS



103149498A

JENS E. HOEKENDIJK
P.O. BOX 4787
BURLINGAME, CA 94011-4787

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF
THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS
AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER
REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE
INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA
PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD
FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY
CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 571-272-3350.
PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE,
MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.

RECORDATION DATE: 12/19/2005

REEL/FRAME: 017417/0297

NUMBER OF PAGES: 9

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

ANDERSON, SCOTT C.

DOC DATE: 06/11/2004

ASSIGNOR:

PODMORE, JONATHAN L.

DOC DATE: 05/20/2004

ASSIGNOR:

RICHMAN, ROXANNE L.

DOC DATE: 06/30/2004

ASSIGNOR:

VASKA, MATTHIAS

DOC DATE: 06/16/2004

ASSIGNOR:

GALLUP, DAVID A.

DOC DATE: 07/07/2004

ASSIGNOR:

CROWE, JOHN E.

DOC DATE: 06/17/2004

017417/0297 PAGE 2

ASSIGNOR:
ULSTAD JR., JACK E. DOC DATE: 06/17/2004

ASSIGNOR:
PLESS, BENJAMIN DOC DATE: 06/17/2004

ASSIGNEE:
EPICOR MEDICAL, INC.
240 SANTA ANA COURT
SUNNYVALE, CALIFORNIA 94085

SERIAL NUMBER: 09507336 FILING DATE: 02/18/2000
PATENT NUMBER: ISSUE DATE:
TITLE: APPARATUS AND METHOD FOR ABLATING TISSUE

DOROTHY RILEY, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION



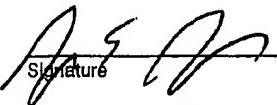
01-06-2006

Substitute Form PTO-1595
Attorney Docket No.: 003-005-CP

SHEET

103149498

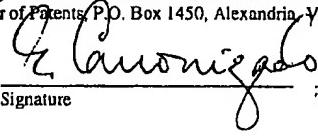
Commissioner for Patents: Please record the attached original.

<p>1. Name of conveying party(ies): Scott C. Anderson Jonathan L. Podmore Roxanne L. Richman Matthias Vaska David A. Gallup John E. Crowe Jack E. Ulstad Jr. Benjamin Pless</p> <p>Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies): Epicor Medical, Inc. 240 Santa Ana Court Sunnyvale, CA 94085</p>
<p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: Execution Date: June 11, 2004, May 20, 2004, June 30, 2004, June 16, 2004, July 7, 2004 and June 17, 2005</p>		<p>Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s).: 09/507,336</p>		<p>B: Patent No(s.): Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name/address of party to whom correspondence concerning document should be mailed: Jens E. Hoekendijk P.O Box 4787 Burlingame, CA 94011-4787 Tel.: 415-412-3322 Fax: 650-871-7688</p>		<p>6. Total number of applications/patents involved: 1 7. Total fee (37 CFR §3.41): \$40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to charge Deposit Account.</p>
<p>8. Deposit Account No.: 50-1247 Please apply any additional charges, or any credits, to our Deposit Account No. 50-1247.</p>		
<p>DO NOT USE THIS SPACE</p>		
<p>9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i></p>		
<p>Jens E. Hoekendijk Reg. No. 37,149 Name of Person Signing</p>		 December 14, 2005 Date
<p>Total number of pages including coversheet, attachments and document: 9</p>		

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Mail Stop Assignment Recordation Services, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 14, 2005
 Date of Deposit
 09507336


 Signature

Erica L. Canonizado
 Typed Name of Person Signing Certificate

01/05/2006 ECOUPON #00006116 501247

Q1 FC 2021 40.00 DP

ASSIGNMENT

For good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNEES, Scott C. Anderson, Jonathan L. Podmore, Roxanne L. Richman, Matthias Vaska, David A. Gallup, John E. Crowe, Jack E. Ulstad, Jr. and Benjamin Pless, hereby sell, assign, and transfer to Epicor Medical, Inc., a Delaware Corporation, having offices located at 240 Santa Ana Court, Sunnyvale, CA 94085, and its successors, assigns and legal representatives (collectively, "ASSIGNEE") all of the right, title and interest of ASSIGNEES throughout the world in and to any and all inventions and improvements which are the subject of a patent document entitled

APPARATUS AND METHOD FOR ABLATING TISSUE

and which is found in

- (a) U.S. patent application executed on _____, entitled as above, listing the above named persons as Inventors.
- (b) U.S. patent application filed on February 18, 2000
 under Application No. 09/507,336.
 with Express Mail No. _____ (Application Number not yet known).
- (c) U.S. Patent No.: issued

An attorney of record, or the attorney filing the application, is authorized and requested by the execution of this assignment to insert into this assignment the execution date of the application and/or the filing date and serial number of the application when officially known.

This assignment includes the foregoing patent application or patent; all legal equivalents thereof in any foreign country and all patents issuing therefrom; all United States and foreign patents, utility models, and design registrations granted for any of said inventions and improvements; and the right to claim priority based on the filing date of the foregoing patent application or patent under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes. ASSIGNEES authorize ASSIGNEE to apply in all countries in the name of ASSIGNEES or in the name of ASSIGNEE for patents, utility models, and design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements.

ASSIGNEES hereby covenant that no assignment, sale, agreement or encumbrance has been or will be made or entered into that would conflict with this assignment.

ASSIGNEES further covenant for themselves and their respective heirs, legal representatives and assigns to provide to ASSIGNEE promptly upon the request of ASSIGNEE all pertinent facts and documents relating to said invention and said patents and legal equivalents as may be known and accessible to ASSIGNEE and to testify as to the same in any interference, litigation, or proceeding relating thereto and promptly to execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue or enforce said application, said inventions and improvements and said patents and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

ASSIGNEES request the Commissioner of Patents and Trademarks to issue said patents of the United States and any reissue or extension thereof to the ASSIGNEE.

Executed this

Signature of Inventor

11th day of June, 2004



Scott C. Anderson

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Scott C. Anderson, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004

Jonathan L. Podmore

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Jonathan L. Podmore, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004

Roxanne L. Richman

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Roxanne L. Richman, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004

Scott C. Anderson

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Scott C. Anderson, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

20th day of May, 2004


Jonathan L. Podmore

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Jonathan L. Podmore, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004


Roxanne L. Richman

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Roxanne L. Richman, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Attorney Docket No. 003-005-QP

Executed this

Signature of Inventor

 day of , 2004

Scott C. Anderson

STATE OF

} ss.

County of

On , before me, , a Notary Public for the State of , personally appeared Scott C. Anderson, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

 day of , 2004

Jonathan L. Podmore

STATE OF

} ss.

County of

On , before me, , a Notary Public for the State of , personally appeared Jonathan L. Podmore, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

30th day of June, 2004

Roxanne L. Richman

STATE OF

} ss.

County of

On , before me, , a Notary Public for the State of , personally appeared Roxanne L. Richman, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

20th day of May, 2004


Matthias Vaska

STATE OF _____)
County of _____) ss.

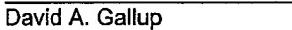
On _____, before me, _____, a Notary Public for the State of _____, personally appeared Matthias Vaska, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004


David A. Gallup

STATE OF _____)
County of _____) ss.

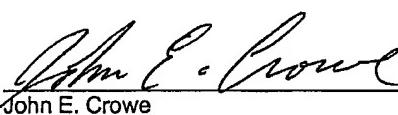
On _____, before me, _____, a Notary Public for the State of _____, personally appeared David A. Gallup, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

20 day of May, 2004


John E. Crowe

STATE OF _____)
County of _____) ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared John E. Crowe, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004

Matthias Vaska

STATE OF _____ }
County of _____ } ss.

On _____ before me, _____, a Notary Public for the State of _____, personally appeared Matthias Vaska, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

16 day of June, 2004

David A. Gallup

STATE OF California }
County of Alameda } ss.

On _____ before me, _____, a Notary Public for the State of _____, personally appeared David A. Gallup, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004

John E. Crowe

STATE OF _____ }
County of _____ } ss.

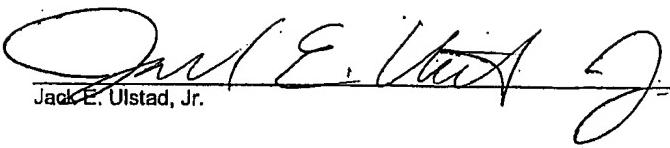
On _____ before me, _____, a Notary Public for the State of _____, personally appeared John E. Crowe, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

7 day of July, 2004



Jack E. Ulstad, Jr.

STATE OF _____)
County of _____) ss.
_____)

On _____, before me, _____, a Notary Public for the State of _____, personally appeared
Jack E. Ulstad, Jr. personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the
within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2004

Benjamin Pless

STATE OF _____)
County of _____) ss.
_____)

On _____, before me, _____, a Notary Public for the State of _____, personally appeared
Benjamin Pless, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within
instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the
person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

____ day of _____, 2005

Jack E. Ulstad, Jr.

STATE OF _____ }
County of _____ } ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Jack E. Ulstad, Jr. personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

Executed this

Signature of Inventor

17 day of June, 2005

Benjamin Pless

STATE OF _____ }
County of _____ } ss.

On _____, before me, _____, a Notary Public for the State of _____, personally appeared Benjamin Pless, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal

**UNITED STATES PATENT AND TRADEMARK OFFICE**UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECEMBER 20, 2006

PTAS

500196988AREED R. HEIMBECHER
ST. JUDE MEDICAL, AF DIVISION, INC.
14901 DEVEAU PLACE
MINNETONKA, MN 55345-2126

500196988A

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U. S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 571-272-3350. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.

RECORDATION DATE: 12/20/2006

REEL/FRAME: 018660/0888

NUMBER OF PAGES: 2

BRIEF: MERGER (SEE DOCUMENT FOR DETAILS).
DOCKET NUMBER: OE-040013USASSIGNOR:
EPICOR MEDICAL, INC. DOC DATE: 12/21/2005ASSIGNEE:
ST. JUDE MEDICAL, ATRIAL
FIBRILLATION DIVISION, INC.
6500 WEDGWOOD ROAD
MAPLE GROVE, MINNESOTA 55311-3642SERIAL NUMBER: 09507336 FILING DATE: 02/18/2000
PATENT NUMBER: ISSUE DATE:
TITLE: APPARATUS AND METHOD FOR ABLATING TISSUE

RightFax

12/21/06 10:38 PAGE 003/004 Fax Server

018660/0888 PAGE 2

ANTIONE ROYALL, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION

PATENT ASSIGNMENTElectronic Version v1.1
Stylesheet Version v1.112/20/2006
500196988

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/01/2006

CONVEYING PARTY DATA

Name	Execution Date
Epicor Medical, Inc.	12/21/2005

RECEIVING PARTY DATA

Name:	St. Jude Medical, Atrial Fibrillation Division, Inc.
Street Address:	6500 Wedgwood Road
City:	Maple Grove
State/Country:	MINNESOTA
Postal Code:	55311-3642

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	09507336

CORRESPONDENCE DATA

Fax Number: (952)351-1777

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 9529334700

Email: acariberg@sjm.com

Correspondent Name: Reed R. Heimbecher

Address Line 1: St. Jude Medical, AF Division, Inc.

Address Line 2: 14901 DeVeau Place

Address Line 4: Minnetonka, MINNESOTA 55345-2126

OP \$40.00 09507336

ATTORNEY DOCKET NUMBER: 0E-040013US

NAME OF SUBMITTER: Anne R. Carlberg

Total Attachments: 1
source=20060719_Certificate_of_merger_and_name_change#page1.tif

2M-1094

State of Minnesota

SECRETARY OF STATE

Certificate of Merger

I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate; and the qualification of any non-surviving entity to do business in Minnesota is terminated on the effective date of this merger.

Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A

State of Formation and Names of Merging Entities:

DE: EPICOR MEDICAL, INC.
DE: ENDOCARDIAL SOLUTIONS, INC.
MN: ST. JUDE MEDICAL, DAIG DIVISION, INC.

State of Formation and Name of Surviving Entity:

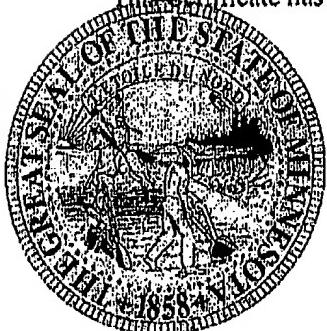
MN: ST. JUDE MEDICAL, DAIG DIVISION, INC.

Effective Date of Merger: January 1, 2006

Name of Surviving Entity after Effective Date of Merger:

ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION, INC.

This Certificate has been issued on: December 22, 2005.



Mary Kiffmeyer
Secretary of State.